



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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**Fax** (703)746-4000

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023370 7590 08/04/2003

Buchanan Ingersoll PC  
One Oxford Centre  
301 Grant Street, 20th Fl  
Pittsburgh, PA 15219

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Craig G. Cochenour (Depositor's name)  
Craig G. Cochenour (Signature)  
October 27, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/776,568	02/02/2001	Elliot R. Ramberg	03038-0243 (42892-252947)	7948

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR DETECTION OF DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$630 665	\$300	\$965	11/04/2003

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
LU, FRANK WEI MIN	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☒ Revocation/new POA (PTO/SB/82)  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Buchanan Ingersoll PC  
2  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  
(B) RESIDENCE: (CITY AND STATE OR COUNTRY)  
Coral Springs, Florida, USA

(A) NAME OF ASSIGNEE  
Cygene, Inc.

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

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Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Date)  
(Authorized Signature) Craig G. Cochenour, Reg. No. 33666 October 27, 2003

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